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## **The Frog in the Well Knows Not of the Great Ocean!**

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In the early '70s, when acupuncture was first being introduced to the United States through numerous media reports, the medical profession was less than accepting of this seemingly strange healing art. The first time I ever heard the statement, "The frog in the well knows not of the great ocean," it was an angered Chinese response to the American scientific and medical communities' allegations of "fraud, quackery and hypnosis" regarding acupuncture. Since that time, I have used this saying often, whenever I respond to someone exhibiting what may be described as "tunnel vision" or the unwillingness to investigate a matter further than what is on the surface.

Since I am personally involved with both acupuncture and chiropractic, two professions that are unfortunately often misunderstood by the public and the medical professions, I have uttered my sentiments about the frog many times. This article, however, has nothing to do with the politics of the profession, public or scientific misunderstanding, or even tunnel vision, for that matter; but it does have to do with thinking "outside of the box" - what I refer to as "lateral thinking."

As practitioners, how often does a new patient seek our help who reports having been everywhere and done everything for his or her condition, but to no avail? These patients tell horrendous stories of woe - pain, suffering, financial loss and considerable time, energy and emotional drain - in their attempts to find relief from their conditions. Since chiropractors and acupuncturists are generally the last stops on the patients' list of practitioners to see for their health conditions, we often see patients when they are at the extremes of frustration and loss of patience. Far too often, patients have already made up their minds before coming to our office, so they give this approach a try, but for a very brief time. In both acupuncture and chiropractic, it behooves the practitioner to facilitate a dramatic clinical response very early in treatment.

When seeing a patient who reports an extensive medical history and have visited a multitude of doctors for his or her condition, it is imperative to engage our brains and creativity in lateral thinking - that is - to avoid

tunnel vision. Remember, "The frog in the well, knows not of the great ocean."

A 24-year-old married pharmacy student sought care in my office for severe debilitating lumbar back pain. She reported having back pain for years, but said that for the last three years, the pain had been virtually uncontrollable. She stated that she had seen three different orthopedists, a neurosurgeon, physical therapy and medical physicians specializing in pain. Her X-ray report gave no radiographic evidence of abnormality in the lumbar spine; her MRI was likewise unremarkable. Over the last three years, she had received three epidurals with no response. She had also received three spinal nerve blocks, which, she admitted, achieved a minimal response, but lasted only a few days.

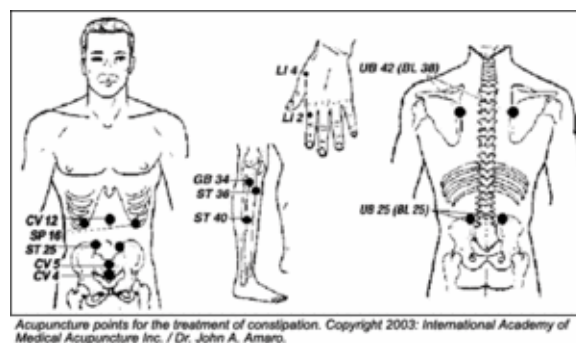
After my initial consultation with the patient, I asked if she could bring in her most recent X-rays for my review before we continued. When she returned with the films, I held the X-ray overhead, illuminating it through the sun coming into the treatment room window. I inquired about what appeared to be apparent constipation, as her colon revealed the mottled appearance seen in that condition. The size and shape of the colon was also of considerable question. She stated she had a history of constipation from the time she was eight years old. She reported having used mineral oil and enemas the vast majority of her life. For her, a normal bowel movement was totally unheard of. While in college, she complained of considerable abdominal pain and was diagnosed with "irritable bowel syndrome." None of this information had ever been discussed until I observed her X-rays and commented about her constipation.

The patient was treated with my favorite acupuncture approach to constipation, following one meridian balancing treatment as shown by the "electro meridian imaging" evaluation. She returned to the office the following week literally glowing, stating that she had experienced normal bowel movements multiple times for the previous four days, and that her back pain was completely gone. Her back pain had yet to return after almost two full months.

Perhaps one of my most striking cases of lateral thinking concerned a 32-year-old man who was escorted into the office by both his mother and wife. He required assistance to walk and needed constant attention in his everyday movements. The most obvious physical clue of his extreme illness, other than his lack of ambulation, was his coloring: literally khaki green. He presented as an advanced case of cancer and AIDS. He had just moved to Arizona from Georgia with his wife and child, the reason being that although he was obviously ill, according to his physicians, he would be dead within the next three to four months. He wanted his wife and little girl to be close to his mother when he passed.

The patient stated that he had been diagnosed with "Whipple's Syndrome" a malabsorption disease affecting the immune system of the body that often affects the heart, lung and brain. Symptoms include weight loss, fatigue, abdominal pain, loss of appetite and diarrhea. It is considered a rare disease and often fatal. It is caused by bacteria that affect the villi of the small intestine, which negatively affects nutrients from being absorbed into the body. In those cases that are not fatal, recovery may take up to two years and full relapses are common, making this disease one to monitor for years in survivors. Treatment consists medically of extensive antibiotic therapy, and the patient had been taking millions of units of penicillin a day in an attempt to prolong his life.

This patient sought my assistance in the office primarily because his mother thought that possibly we could help ease his horrendous abdominal pain in the last days of his life. His "electro meridian imaging" examination showed major pathologic splits in 10 of the 12 meridians, with the other two being literally off of the charts. His condition was grave. In discussing more about Whipple's Syndrome with him (because frankly, I had never come across it before), I palpated his abdomen and found it to be of the same general feel as the top of my desk. When I inquired about his abdominal pain and bowel habits, he compared his excretion to that of a rabbit: "every two or three weeks." I discovered this had been going on for over three years, and perhaps longer than four years.



With this knowledge, I treated him with (as mentioned earlier) my favorite acupuncture approach for constipation. Two days later, he returned for a follow-up treatment, at which time he asked, "What did you do to me on that last visit?" When I responded with, "Why do you ask?" he countered: "Because I had a major evacuation." He defined this as so generous he was unable to dispose of his waste in one "flush."

In essence, this gentleman did not have Whipple's Syndrome; he was severely constipated. The millions of units of penicillin he had been treated with were totally inappropriate. One month after his follow-up treatment, he began working for a landscape company. He settled down with his family in Arizona and enjoyed hiking and taking his daughter to soccer practice. (Incidentally, that was 16 years ago. He has been in perfect health the entire time. He visits the office for routine maintenance treatment four times a year, as the seasons change.) His physicians had never considered something as simple or as common as constipation. In this case, the frog in the well knew **nothing** of the great ocean!

Even though the illustration above is specific to what I have referred to as my favorite acupuncture approach for constipation, sometimes just using a portion of this approach has incredible effects. Two of the most significant points for constipation are GB34 and ST40. This was taught to me 30 years ago in Asia. It has always been one of my most landmark approaches to constipation.

Years ago, when I practiced in Kansas City, I attended a farmer from a neighboring town who walked with a considerable limp due to extreme osteoarthritis of the knee. As part of my approach to the treatment of his knee, I used - among other points - GB34 and ST40. On his next visit, this patient also asked, "What did you do to me on that last visit?" When I inquired why he was asking, he said he was feeling considerable improvement in his knee, and had decided to take a walk out to the mailbox; he had never considered such a walk, as it was over a half mile from the house. He stated that during the walk, he experienced pain in his rectal area that became quite uncomfortable, before he realized he had just defecated in his pants. He went on to tell me that he had not, in memory, experienced what most would consider a normal urge to evacuate. He had not moved his bowels without the use of an enema in over 25 years. The discomfort he had felt in his rectum was nothing more than a normal urge to evacuate, which he did not recognize, as it had been years since he had experienced it.

The gentlemen went on to have relatively good response with his knee, and remained a general patient of mine until the day I moved to Arizona 10 years later. He never complained of constipation again, and his bowels returned to a normal status. He told hundreds of people how he "messed" his pants, and he was quite proud of it.

Always remember the importance of "lateral thinking," and realize that things are often not the way they seem: "The frog in the well - knows not of the great ocean!"

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Click [here](#) for more information about John Amaro, LAc, Dipl. Ac. (NCCAOM), FIAMA, DC.



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